

NATIONAL Assessment Centre Services. SM 09211T 0006

Date In: 29/1/21 11:22	Job description	Date & Time Completed	Done by
Ref No: NAI JMC 2100 1389/164	SAS e-filing		
Veh No: FBM 1117Z	E-mail (within 2hrs, AIG 2hrs)		
IP: 31/12/20 18:30	I-Motor Claim Form	MT/1115887-02	29/1/21 16:45
OT: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SMA 9478L INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_


NA 2101220		
	1) AR: Accident Reporting (\$30)	30
	2) DA: Damage Assessment (\$100); INC (\$30)	
	3) TF: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (wef 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$3	
	*TP (N11): TP (Non-INC) against INC \$20	
	*NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	29/01/2021 11:22 (SGT)
Date of Accident	31/12/2020 18:30 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1117Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVINDRAN MUNIANDY S/O MARIMUTHU
NRIC No	SXXXX989I
Email Address	EFFERALCOMMBIZ@GMAIL.COM
Mobile Phone No	(Phone) +65-91517754
Alternative Phone No	+65-91517754

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fzn150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5111214777-01
Cover Note Number	-

#### DRIVER

Name of Driver	RAVINDRAN MUNIANDY S/O MARIMUTHU
NRIC No	SXXXX989I
Date Of Birth	22/07/1969
Occupation	Indoor

Date Of Driving Pass	27/05/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91517754
Alt. Phone Number	+65-91517754
Email Address	EFFERALCOMMBIZ@GMAIL.COM
Address	BLK 63 TEBAN GARDENS RD #24-635
Address complement	-
Postcode	600063
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210103/2028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9478L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

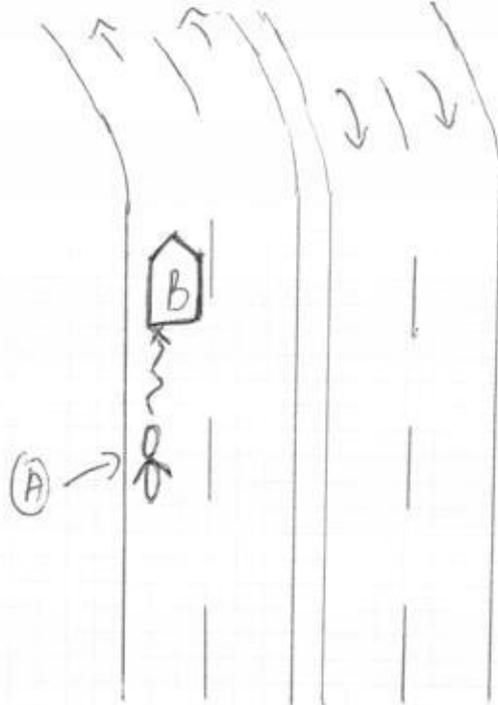
### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... RAVINDRAN MUNIANDY S/O MARIMUTHU  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... FBM1117Z  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes



SKETCH PLAN



(A) FBM 1117Z

(B) SMA 9478L

Whitley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Mount Pleasant Flyover.

Refer to Police Report. T/20210103 / 2028

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:





**SINGAPORE  
POLICE FORCE**



T/20210103/2028

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Report No. T/20210103/2028

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RAVINDRAN MUNIANDY S/O MARIMUTHU	ID No.	S6982989I
Related Vehicle	FBM1117Z (Motorcycle)	Contact No.	91517754
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/12/2020	Date Discharge	01/01/2021
No. of Days granted Medical Leave	60	Degree of Injury	Serious

**Brief Details.**

On 31st December 2020 at about 1830hrs, I was riding my vehicle FBM1117Z along PIE towards Changi. I then exited the expressway via Whitley road. The traffic was quite packed when I exited the expressway and I was right behind a Grab silver Hyundai Ionic car (unsure of the plate number). Suddenly, at the vicinity of Whitley Road flyover, the car in front of me jam-braked. As such, I did the same. As a result, I self-skidded and hit onto the car in front. I fell from my bike and I was semi-conscious at that point of time. My bike sustained damages on its front mudguard, odometer, leg pedal and rear box. I was unsure of the other damages that my bike sustained. The car sustained damages on its rear bumper. The traffic police and the ambulance arrived shortly after and I was conveyed to Tan Tock Seng Hospital to have myself medically checked. From there, I received 60 days of hospitalization leave.

I wish to state that I do not have the particulars of the driver.



**SINGAPORE  
POLICE FORCE**



T/20210103/2028

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20210103/2028

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI	<i>Ad</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt <b>ABDUL RAHIM BIN SALIM</b> Contact No.: 65476437	<i>Ad</i>

Signature Of Informant:	<i>Kawana</i>
Date/Time: 03/01/2021 13:16	
Classification Of Case:	

Authentication Stamp

ND420

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5111214777-01

**Cover** : Third Party, Fire & Theft

- |   |                                    |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBM1117Z                         |
| Chassis Number  | : ME1RG1618G2002295                |
| 2. Name of Policyholder   | : RAVINDRAN MUNIANDY S/O MARIMUTHU |
| 3. Effective Date of Insurance  | : 19 Jul 2020                      |
| 4. Expiry Date of Insurance   | : 18 Jul 2021                      |
| 5. Persons or Classes of Persons entitled to drive#   |                                    |
| (a) Named Driver(s) Only.   |                                    |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                    |

6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: RAVINDRAN MUNIANDY S/O MARIMUTHU
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)  
Date of Issue : 14 Jul 2020 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



MEDICAL CERTIFICATE ORIGINAL TTSH21000107  
NAME: RAVINDRAN MUNIANDY AL MARIMUT HU NRIC: S6982989J

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 60 day(s) from 31-Dec-2020 to 28-Feb-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 31-Dec-2020 18:55 to 01-Jan-2021 11:27

01-Jan-2021 Date  
GABRIEL TAN (P1798F) Issued by  
W12C Location  
 Signature

**RAVINDRAN MUNIANDY A/L MARIMUT, Patient ID: S6982989I DOB: 22-Jul-1969 Date: 31-Dec-2020**

Exam No : 10001919147,10001919149,10001919148

REPORT STATUS : APPROVED

CT, Head of 31-DEC-2020:

Unenhanced CT scan of the head performed.

A tiny focus of density in right side of 4th ventricle is most likely related to choroid plexus calcification (which can be seen elsewhere along the other locations of the choroid plexus) rather than acute intraventricular blood. No evidence of acute intracranial haemorrhage elsewhere.

No large territorial infarct is demonstrated. The grey white matter differentiation is preserved. No mass effect, midline shift or hydrocephalus is seen. There is no effacement of the basal cisterns.

The visualised paranasal sinuses and mastoid air cells are clear. No skull vault fracture.

CT, Cervical Spine of 31-DEC-2020:

CT, Thoracic Spine of 31-DEC-2020:

The vertebral alignment is preserved. No acute fracture or facetal dislocation is seen. Vertebral and intervertebral disc heights are preserved.

Multilevel degenerative changes are seen in the spine as evidenced by marginal osteophytes and mild facetal joint hypertrophy. Ossification of posterior longitudinal ligament (OPLL) noted between C4 to C6.

Severe attenuation of structures of the lower cervical spine due to beam attenuation from surrounding soft tissue. There is an apparent linear defect through C7 spinous process (Se 14-35). This appears to extend beyond margins of bone as streaking artefact (Se 15-23).

The spinal canal is patent. The prevertebral soft tissue is not thickened.

Included lungs are clear.

Comments:

Tiny focus of density in right side of 4th ventricle is most likely related to choroid plexus calcification rather than acute intraventricular blood. No evidence of skull vault fracture or other intracranial injury.

Apparent linear defect through C7 possibly due to streaking artefact which is present throughout the lower cervical spine. Please correlate if there is tenderness localized here, and a lateral cervical spine radiograph is suggested for correlation.

Otherwise no evidence of acute injury in the rest of the spine. Multilevel degenerative changes, with OPLL between C4 to C6.

Report Coread By : Dr Choo Zhi Qing Peter on 31-DEC-2020 10:33 PM  
Report Approved By : Dr Choo Zhi Qing Peter on 31-DEC-2020 10:33 PM

wanting bike

Email: jbl@idac.com.sg Tel no: 6555 6111

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 31 / 12 / 2021 (dd/mm/yy)

Time of Accident: 18 : 30 (24-HR-FORMAT)

Vehicle No.: FBM 1117Z Vehicle Make & Model / Engine (cc): YAMAHA F2N 150 Private Hire: (Y/N)

Exact location of Accident: PIE Towards Changi - Exit to Whitley Road Flyover meet Pleasant Flyover.

Policyholder's Name / IC No.: Ravindran Muniandy S/o Manimuttu ROC/UEN (Company) SG982989I

Driver's Name / IC No.: Ravindran Muniandy S/o Manimuttu / S 698 2989 I (As Above)

Driver's Contact No.: 91317754 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BK 113 - OF # 652 Todd Widge Lane S'pore.

Owner Email address: ~~effera~~ efferal.commbiz@gmail.com Insurance Company: NFCU Income.

Driver Email address: As above.

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

**What do you wish to claim?** (Please TICK one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle Was being used at time of accident?**

Private use /  Work purpose

Occupation (nature of job)  Indoor /  Outdoor

\*No. of Passengers (Including Driver): 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No Remarks: \_\_\_\_\_

Any Injuries:  Yes /  No (If YES) Injured Person's Name: Ravindran Muniandy S/o Manimuttu.

Injuries Sustain: As per medical Report. Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: Hong Kah North NPP, Bukit Batok

**The Other Party(s) Details:** Hyundai Silver Ionic

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMA 9478L.

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_